



GEORGIA EFT
ACH-CREDIT

EFT-002 (Rev.01/05)

Taxpayer Registration/Authorization Form

1. Taxpayer Name:	_____		
2. Address:	_____		
City/State/Zip:	_____		
3. State Taxpayer ID#:	_____		
4. Type of Tax Payment:	_____		
5. 1st Contact Person:	_____	Title:	_____
Phone:	_____	Ext.:	_____
	_____	Fax:	_____
6. 2nd Contact Person:	_____	Title:	_____
Phone:	_____	Ext.:	_____
	_____	Fax:	_____
7. I/we attest that to the best of my/our knowledge the above information is correct and I/we are set up to use the credit method of electronically transferring tax payments.			
Signature:	_____	Title:	_____
	_____	Date:	_____
Signature:	_____	Title:	_____
	_____	Date:	_____

Please complete and return to by mail or fax to: 404-417-4317 or 404-417-4329

Georgia Department of Revenue
Centralized Taxpayer Division
P.O. Box 49512
Atlanta, GA 30359-1512